

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34175
STATE FILE NUMBER
8010
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				c. CITY OR TOWN ST. LOUIS			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL				d. STREET ADDRESS (If outside, give location) 4425 Bessie Ave.			
Length of stay in lb 38 yrs.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MIDDLE Last SARAH MARGARET SPURLING				4. DATE OF DEATH Month Day Year AUG. 26, 1957.			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 11, 1866	
9. AGE (In years last birthday) 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CHATTANOOGA, TENN.	
12. CITIZEN OF WHAT COUNTRY? U S A				13. FATHER'S NAME AARON TROGDON			
14. MOTHER'S MAIDEN NAME MARY WHITLOCK				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. UNKNOWN				17. INFORMANT Address MRS. ALICE ITTNER 5252a Oleatha Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular hemorrhage-arterial Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE ARTERIO-VASCULAR HEART DISEASE DUE TO (c) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 2 DAYS UNK UNK
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443x					
19c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		19d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
19e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		19f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8-24-57, to 8-26-57 and last saw her alive on 8-26-57 Death occurred at 4:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Henry T. Cooper M.D.				22b. ADDRESS 818 OLIVE ST		22c. DATE SIGNED 8-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/30/57.		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. AUG 27 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.S.	

11 A.M. to 3 P.M. daily
except Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

John R. M... ..

Licensed Embalmer No. *41*...

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.